Revision: HCFA-PM-92-1 FEBRUARY 1992 (MB)



State: <u>ILLINOIS</u>

## Citation(s)

## 2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(1)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

|                            |          |      |        | <del></del>    |        |
|----------------------------|----------|------|--------|----------------|--------|
| TN No. 92-18<br>Supersedes | Approval | Date | 6-5-92 | Effective Date | 1-1-92 |
| TN No. 91-29               |          |      |        |                |        |